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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702868 (1)
1. Corporation Name
NEW FORT MYERS GUN CLUB INC



Principal Place of Business

Mailing Address

2215 ARCADIA STREET
POST OFFICE BOX 1603
FT. MYERS FL 33902
US

~~2215 ARCADIA STREET~~
~~POST OFFICE BOX 1603~~
FT. MYERS FL ~~33902~~
US

3. Date Incorporated or Qualified
09/08/1961

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1603

22 City & State

27 City & State
Ft. Myers FL

23 Zip
33902

28 Zip
33902

Country
U.S.A.

4. FEI Number
59-1843594

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAMUTIS, MICHAEL W.
2967 RIBBON CT.
FT MYERS FL 33905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GALLO, MORRIS
STREET ADDRESS 12734 KENWOOD LANE S.W.
CITY-ST-ZIP FORT MYERS FL 33907

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TAMUTIS, MICHAEL W
STREET ADDRESS 2967 RIBBON CT.
CITY-ST-ZIP FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME DUNN, LEE
STREET ADDRESS 2822 N.W. 4TH STREET
CITY-ST-ZIP CAPE CORAL FL 33909

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME KROUSE, JAMES
STREET ADDRESS 303 BELAIRE RD.
CITY-ST-ZIP FORT MYERS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BEDFORD, ROBERT
STREET ADDRESS 621 S.W. 3RD CT #102A
CITY-ST-ZIP CAPE CORAL FL 33991

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)